

week [from at least once a week to at least twice a week]”), provides the intervention components and offers testimonials. In addition, the individual project tools that could be applied independently of the interventions were placed in a Tools Kiosk on the Center website along with other tools developed by the Center and made available through the outreach and education activities of the Center. These TWH® interventions thus added to the database suggesting that such interventions are effective, as evaluated by randomized designs, and sustainable; and tools and toolkits are available for broad distribution, from TWH® interventions, for the first time..

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SAFETY AND HEALTH IMPROVEMENT PROGRAM (SHIP)

Leslie B. Hammer, PhD, Oregon Health & Science University, Portland, OR; Donald M. Truxillo, PhD, Amy C. Pytlovany, MS

Conflicting responsibilities across work and non-work domains are a top cause of stress for workers today, leading to numerous negative outcomes for organizations, employees, and their families. The challenge of balancing work and family/personal life role pressures can lead to reduced job satisfaction and organizational commitment, increased absenteeism and burnout, reduced family and life satisfaction, and increased health problems, psychological strain, depression, and substance use (Amstad, Meier, Fasel, Elfering, & Semmer, 2011). Although recommendations for organizational work-life and health initiatives are needed, few theory-based interventions have been developed or systematically tested using rigorous scientific designs. Further, few studies have tested the effectiveness of Total Worker Health® (TWH®) interventions. This is despite growing recognition of the importance of TWH perspectives for improving employee well-being. Even fewer published studies utilize primary organization-level interventions – a critical leverage point for change (Anger et al., 2014; Tetrick & Winslow, 2015). The Safety and Health Improvement Program (SHIP) was created to address these gaps and answer the call for scientific, research-based guidance on best practices for organizational TWH® interventions. The SHIP intervention sought to promote employee health, safety, work-life balance, and team effectiveness among municipal construction workers. Construction workers are a particularly relevant population to intervene on as they face unique workplace hazards and are a sector identified by the National Occupational Research Agenda (NORA) as in need of targeted occupational health and safety research attention (<http://www.cdc.gov/niosh/nora/councils/const/default.html>). Moreover, research has demonstrated construction workers as a vulnerable population (Bodner, Kraner, Bradford, Hammer, & Truxillo, 2014). Applying a TWH® approach, the SHIP intervention consisted of a one-hour, computer-based supervisor training on family- and safety-supportive supervisor behaviors; two-week goal-setting and behavior tracking for supervisors to ensure transfer of training; consultant-facilitated team effectiveness sessions (WFD Consulting, <https://www.wfd.com/>); and regularly scheduled follow-up meetings designed to help integrate and sustain change. SHIP targeted reduction of work and personal demands associated with strain and burnout while concurrently increasing job and individual resources related to work engagement and well-being. Effectiveness of the SHIP intervention was tested using a clustered, randomized controlled trial (RCT) design in 2012-2013. Randomization was at the team level and data were collected across three time points. Eleven teams were assigned to the intervention condition (n = 154), and nine teams to the control group (n = 117). Analysis of covariance (ANCOVA) results revealed the treatment group had reduced diastolic blood pressure six (b = - 2.87, p < .05) and twelve (b = -2.94, p < .01) months post-intervention. Additionally, the intervention led to an increase in team effectiveness (b = -.26, p < .05), perceived work-life support (b = -.21, p < .10), and employee-rated family supportive supervisor

behavior ($b = -.28, p < .05$), in those who initially had weaker relationships with their supervisors (leader-member exchange, LMX). These findings indicate the effectiveness of SHIP as a TWH® approach for improving employee health outcomes and suggests conditions under which work-life initiatives might be most beneficial. To aid in dissemination, SHIP was amended for easy adoption by organizations. Focus groups were held with original intervention participants and stakeholders across organizational levels, as well as with potential future adopters (e.g., healthcare employees). Revisions based on focus group feedback included developing multiple options so that organizations can tailor SHIP to their unique business needs. A SHIP Toolkit including options for implementation and guidance on fully implementing the intervention are now publicly available from the Oregon Healthy Workforce Center website (<https://www.ohsu.edu/xd/research/centers-institutes/oregoninstitute-occupational-health-sciences/oregon-healthy-workforcecenter/toolkit-kiosk/SHIP-Toolkit.cfm>).

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THE COMPASS TOTAL WORKER HEALTH PROGRAM FOR HOME CARE WORKERS: IMPACT AND DISSEMINATION

Ryan Olson, PhD, Oregon Health & Science University, Portland, OR; Kelsey N. Parker, PhD, Jennifer M. Hess, PhD, Sharon V. Thompson, MS, Kristy L. Rhoten, BA, Miguel Marino, PhD

Homecare work is physically and emotionally taxing^{1,2}, and home care workers (HCWs) are at high risk for injuries and health issues^{3,4}. These low-wage workers perform dangerous tasks in unregulated private homes and typically have limited access to occupational safety and health resources. The COMmunity of Practice And Safety Support (COMPASS) program was developed to address this problem, and integrates elements of peer-led social support groups with scripted team-based programs to prevent injuries and promote health among HCWs. This paper reviews results of the COMPASS randomized controlled trial⁵ (RCT), but will emphasize subsequent work adapting and evaluating the program for widespread dissemination in Oregon.

In the RCT, 16 clusters of workers (N=149) were randomized to intervention (n=75) or usual practice control conditions (n=74). The intervention involved one half-day workshop to orient participants to the program and 12 monthly peer-led meetings. Each meeting included a checkin, educational lesson, goal setting, healthy meal break, structured problem solving, and a reflection. Data were collected using self-report surveys and objective health assessments at baseline, six months, and 12 months.

Adaptation for Dissemination: The Oregon Home Care Commission (HCC), which is responsible for training publicly-funded HCWs in Oregon, voted to incorporate COMPASS into their statewide training system. To fit within this existing system the Commission requested that the program be shortened from 12 months to 3.5 months with fewer total meetings. Additional improvements were made based on feedback from RCT participants and research staff. The resulting adapted COMPASS-HCC program utilized scripted workbook material from the workshop and first six meetings, and accelerated meetings to a bi-weekly schedule. Additionally, some individual goals to attend other HCC trainings were revised to focus on making workplace or behavior changes. The adaptation also involved a new implementation strategy, where professional HCC trainers served as facilitators. Facilitators were responsible for overseeing meeting logistics, such as check-in and time management, while the peer leader ran the meeting. COMPASS-HCC was piloted with 5 groups of home care workers (N=42) who completed

SATURDAY, JUNE 10 (continued)

- L3** The SHIFT Randomized Controlled Trial: Long-Term Weight Loss Maintenance Among Drivers Following an Effective Intervention
- Layla Mansfield, MS, Oregon Health & Science University, Portland, OR; Ryan Olson, PhD; Brad Wipfli, PhD; Layla Mansfield, MS; Ginger C. Hanson, PhD; Todd Bodner, PhD; Kent Anger, PhD; Diane Elliot, MD; Nancy Perrin, PhD; Kelsey Parker, PhD; Sharon Thompson, MS
- L4** Preventing Injury of Nurses and Nurse Aides in Long-Term Care Settings: A Treatment-Outcome Study
- William H. O'Brien, PhD, Bowling Green State University, OH; Kristin A. Horan, MA; Mary T. Moeller, BA; Sonia R. Singh, MA; Clare L. Barratt, PhD; Steve M. Jex, PhD; Russell A. Matthews, PhD
- L5** Stress Management for Nurses
- Michelle H. O'Grady, DNP, University of Michigan, Ann Arbor, MI
- L6** Multilevel Effects of a Management Training Intervention on Employee Well-Being: Evidence for Social Comparison
- Jennifer P. Barbour, PhD, Griffith University, Brisbane, NSW, Australia; Graham L. Bradley, PhD

Training in Occupational Safety and Health

- M1** The Effect of Work-Family Conflict on Employee Innovation Behavior: The Mediating Role of Job Insecurity and the Moderating Role of Locus of Control
- Dr. Yixin Hu, Shandong Normal University, Jinan, Shandong, China; Dr. Dawei Wang and Xiaowen Li, Masters

9:30-10:45 a.m. Concurrent Sessions



Effectiveness of Total Worker Health® Interventions and Dissemination Strategies of the Oregon Healthy Workforce (Symposium)



Marquette I/II

Chair: W. Kent Anger, PhD, Oregon Health & Science University, Portland, OR

- Paper 1** Safety and Health Improvement Program (SHIP)
- Leslie B. Hammer, PhD, Oregon Health & Science University, Portland, OR; Donald M. Truxillo, PhD; Amy C. Pytlovany, MS
- Paper 2** The COMPASS Total Worker Health® Program for Home Care Workers: Impact and Dissemination
- Ryan Olson, PhD, Oregon Health & Science University, Portland, OR; Kelsey N. Parker, PhD; Jennifer M. Hess, PhD; Sharon V. Thompson, MS; Kristy L. Rhoten, BA; Miguel Marino, PhD

- Paper 3** The Role of Online Forums in an Occupational Safety and Health Training for Young Workers
- Diane S. Rohlman, PhD, University of Iowa, Iowa City, IA; Megan Parish, MPH; Diane L. Elliott, MD; Ginger Hanson, PhD

Discussant: W. Kent Anger, PhD, Oregon Health & Science University, Portland, OR

Approaches to Stress Prevention (Paper Panel Session)

Marquette III/IV

Chair: Alec Munc, PhD, Workforce Analytics, Johnson & Johnson

- Paper 1** Linking Management by Objectives and Work Stress
- Paul L. Stepanovich, PhD, Southern Connecticut State University, New Haven, CT
- Paper 2** Good Leadership—Does One Size Fit All? Introducing a New Leadership Approach to Stress Prevention
- Janne Skakon, PhD, University of Copenhagen, Denmark; Tanja Kirkegaard, PhD



Understanding the Needs of the Aging Workforce (Paper Panel Session)

Marquette V/VI

Chair: James Grosch, PhD, NIOSH, Cincinnati, OH

- Paper 1** The Aging U.S. Workforce: Implications for Lost Productivity From Mental Health Disability Leaves
- Brian Gifford, PhD, Integrated Benefits Institute, San Francisco, CA; Betty Zong, BA
- Paper 2** Job Strain Is Associated With Poor Cognitive Functioning in Mid-Life
- Richard A. Burns, PhD, The Australian National University, Canberra, ACT, Australia; Kaarin Anstey, PhD; Peter Butterworth, PhD
- Paper 3** Factors Conducive to Prolong Working Life
- Per H. Jensen, PhD, Aalborg University, Denmark

Psychological Connections to Work Stressors Are Ruining Your Sleep (Symposium)

Marquette VII/VIII

Chair: YoungAh Park, PhD, University of Illinois at Urbana-Champaign, Champaign, IL

- Paper 1** Longitudinal Relations Between Job Demands, Perseverative Cognition and Sleep Quality
- Michelle Van Laethem, PhD, University of Amsterdam, The Netherlands; Debby Beckers, PhD; Sabine Geurts, PhD; Johanna Garefelt, MA; Linda Magnusson Hanson, PhD; Constanze Leineweber, PhD



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